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IAB SH 2270109

AUDIO/VIDEO TRACKING SHEET

INVESTIGATOR'S LOG

OFFICER INVOLVED SHOOTING FORM & INVESTIGATIVE SUMMARY

INTERVIEWS

- Deputy Acosta - Homicide
- Deputy Duxbury - Homicide
- Deputy Acosta - IAB
- Deputy Duxbury - IAB
- Deputy Bigelow
- Deputy Bustamante
- Deputy Chen
- Deputy Quintana



- Deputy D'Antonio
- Deputy Davis



EXHIBITS

- A** - Homicide Book
- B** - (1) CD Containing Crime Scene Photos (Color Copies of Photos Printed and Attached)
- C** - Google Earth image initialed by Deputy Acosta
- D** - Incident History Report for call for service (tag #45)

MISCELLANEOUS

- Administrative Rights Force Review forms for Deputies Acosta and Duxbury
- Receipt for Documents

Los Angeles County Sheriff's Department

Officer Involved Shooting

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Report Date: 07/09/10		Bureau/Station/Facility: FOR I / Santa Clarita Station		Admin. Invest. ? <input type="checkbox"/>	Hit? <input checked="" type="checkbox"/>
Incident Information					
URN: 010-11288-0610-455		Date: 07/09/10		Time: 0250 Hours	
City or Station: Canyon Country		Nature of Incident: Deputies shot at suspect after he said he had a gun and pulled a black object out from behind his back and pointed it at deputies. Suspect was shot when he told deputies he had second gun as he reached in his back pocket.			
Location: Soledad Canyon Road Canyon Country					
Location Type (circle one or more): Backyard Beach Business Freeway Industrial Park <u>Parking Lot</u> <u>Residence</u> Rural School Street Other: _____	Lighting (circle only one): <u>Darkness</u> Daylight Other Street Lights	Incident Type (circle one or more): Accidental Armed Person Fleeing Suspect Foot Pursuit Gun Take Away Moving Vehicle Sniper/Ambush Stunt Struggle Involved <u>Traffic Stop</u> <u>Unarmed Person</u> Unintentional Vehicle Pursuit Warrant Service Warning Shot Other: _____		Initiated by (circle only one): <u>Arrest Warrant</u> <u>Call</u> Observation One Person Unit Other Search Warrant Two Person Unit	
	Weather (circle only one): <u>Clear</u> Cloudy Fog Rain			Prior Activity (circle only one): Detective Inmate Transport Other <u>Routine Patrol</u>	
	Distance: <u>Approx 30 and 45 feet</u>				
	Total # of Shots Fired by Deputy 6			Total # of Shots Fired by Suspect 0	Aero Unit? <input type="checkbox"/> Canine Unit? <input type="checkbox"/>
Employee Witnesses					
Employee #	Last Name	First Name	M.I.	Shift Time (circle only one): <u>EM</u> PM Day	Shift Type (circle only one): <u>Regular</u> Overtime Off Duty
	Bigelow	Daniel			
Employee #	Last Name	First Name	M.I.	Shift Time (circle only one): <u>EM</u> PM Day	Shift Type (circle only one): <u>Regular</u> Overtime Off Duty
	Bustamante	Felix			
Employee #	Last Name	First Name	M.I.	Shift Time (circle only one): <u>EM</u> PM Day	Shift Type (circle only one): <u>Regular</u> Overtime Off Duty
	Chen	Jerry			
Non-Employee Witnesses					
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Supervisors					
Employee #	Last Name	First Name	M.I.	(circle one or more): <u>On Duty</u> Present during shooting	
	Ballentine	Dion		Witness to shooting Involved in shooting	
Employee #	Last Name	First Name	M.I.	(circle one or more): <u>On Duty</u> Present during shooting	
				Witness to shooting Involved in shooting	
Watch Sergeant					
Employee #	Last Name	First Name	M.I.		
	Miller	Gary			
Watch Commander					
Employee #	Last Name	First Name	M.I.		
	Stillwell	Dustin	A.		

PSTD Use Only
SH # _____

Rollout Information			
Arrival Date	07/09/10	Arrival Time	0630
Date Submitted		Date of Recommendation	
Employee #	Last Name	First Name	M.I.
	Ault	Alicia	M.I.
Employee #	Last Name	First Name	M.I.
	Adler	Kelly	M.I.
Employee #	Last Name	First Name	M.I.
	Alien	Victor	M.I.
Shooting / Force Information			

Method

(AW)	Anwen	(OV)	Other Weapon: Vehicle
(BC)	Baton:(Control)	(OB)	Other Weapon: Blunt Object
(BI)	Baton:(Impact)	(OO)	Other Weapon: Other
(BF)	Body Fluids	(PK)	Personal Weapon: Feet/Leg: (Kick)
(CN)	Canine	(PS)	Personal Weapon: Feet/Leg: (Sweep)
(CR)	Carotid Restrain:	(PH)	Personal Weapon (Hand/Arm)
(CH)	Choke Hold	(PP)	Personal Weapon (Push)
(CT)	Control Holds:(Control Techniques)	(PO)	Personal Weapon (Other)
(TT)	Control Holds:(Team Takedown)	(RS)	Resistance
(TD)	Control Holds:(Takedown)	(CN)	Restraint Device (Capture Net)
(CE)	Chemical	(RH)	Restraint Device (Handcuffs)
(OC)	Chemical Agents (OC Spray)	(HB)	Restraint Device:Hobble (Legs Only)
(TG)	Chemical Agents (Tear Gas)	(TP)	Restraint Device:Hobble (TARP)
(EX)	Explosives	(RE)	Restraint Device: REACT Belt
(FH)	Firearm (Handgun)	(SP)	Sap
(FR)	Firearm (Rifle)	(SH)	Shield
(FS)	Firearm (Shotgun)	(SG)	37mm Stinger
(FO)	Firearm (Other)	(SB)	Sting Ball
(FB)	Flashbang	(ST)	Stun Bag
(FL)	Flashlight	(TR)	Taser
(OE)	Other Weapon: Edged	(UC)	Uncooperative

Type of Injury

(AB)	Abrasion
(BR)	Bruise
(BU)	Burn
(CP)	Complaint of Pain
(CO)	Concussion
(DH)	Death
(DI)	Dislocation
(DB)	Dog Bite
(FR)	Fractures
(GS)	Gunshot
(HB)	Human Bite
(LC)	Lacerations
(ND)	Nerve Damage
(OD)	Organ Damage
(PA)	Paralysis
(PW)	Puncture Wound
(SD)	Soft Tissue Damage
(ST)	Sprain/Twists
(UN)	Unconscious
(RM)	Refused Med Treatment
(NN)	NONE

Body Part Injured

{AD}	Abdomen
{AK}	Ankle
{AR}	Arm
{BK}	Back
{BT}	Buttocks
{CH}	Chest
{EL}	Elbow
{FA}	Face
{FE}	Feet
{FI}	Fingers
{GE}	Genitals
{GR}	Groin
{HD}	Hand
{HE}	Head
{HI}	Hip
{IN}	Internal
{KN}	Knees
{LE}	Leg
{NK}	Neck
{SH}	Shoulder
{WR}	Wrist

Brand

(AK)	AK-47	(IV)	Iver Johnson	(RI)	RGI
(BN)	Benelli	(JE)	Jennings	(RO)	Rossi
(BR)	Beretta	(LO)	Lorch	(SW)	Smith & Wesson
(BW)	Browning	(LU)	Luger	(SR)	Sturm Ruger
(CH)	Charter Arms	(MA)	Marlin	(ST)	Sterling
(CO)	Colt	(MO)	Mossberg	(TA)	Taurus
(DA)	Davis Industries	(NC)	NCI aka SKS	(WE)	Weatherby
(GL)	Glock	(NA)	North American	(WN)	Winchester
(HA)	Harrington & Richardson	(NO)	Norinco	(US)	US Government
(HI)	Hi Standard	(RA)	Raven	(YY)	Handmade (Inmate)
(HK)	H & K	(RM)	Remington	(XX)	Homemade (Non-Inmate)
(IT)	Itica	(RG)	RG	(ZZ)	Other Brand

Caliber

(9) 9 mm	(24) .243 caliber	(41) .410 gauge
(10) 10 mm	(25) .25 caliber	(44) .44 caliber
(12) 12 gauge	(30) .308 caliber	(45) .45 caliber
(20) 20 gauge	(35) .357 caliber	(50) 50 mm
(21) 22-250	(36) 30-60 caliber	(SL) Slug
(22) 22 caliber	(38) .38 caliber	(WWW) Other caliber
(23) 233 caliber	(40) .40 caliber	

FORCE APPLIED (one code per block)

[illegible]

Officer Involved Shooting Involved Employee Information

URN: 010-11288-0610-455

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Involved Employee									
E 1	Employee #	Last Name Acosta			First Name Eric			M.I. S	
Sex: M		Race: W		Rank DSG		Unit Assignment: Santa Clarita Station		Work Assignment (Unit #, Module, etc.): 63	
ShiftTime (circle only one): EM PM Day		ShiftType (circle only one): Regular Overtime Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
Hrs of sleep prior to shooting: 7-8		Duty Time (hrs): 8		Clothing (circle only one): Plain Clothes no Vest Plain Clothes w/ Vest Uniform w/ Vest Raid Jacket no Vest Raid Jacket w/ Vest		Other Factors:			
Age: 602		Height: 200		Weight: 200					
Range Qualification Date:				PPC Qualification Date:		Laser Training Date:			
Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings: <input type="checkbox"/>	
Weapons Fired Brand: Beretta		Caliber: 9mm		# Shots: 2		Weapons Fired Brand:		Caliber: # Shots	
Field Training Officer Emp #				Last Name		First Name		M.I.	
Field Training Officer Emp #				Last Name		First Name		M.I.	

E 2	Employee #	Last Name Duxbury			First Name Kevin			M.I. B	
Sex: M		Race: W		Rank DSG		Unit Assignment: Santa Clarita Station		Work Assignment (Unit #, Module, etc.): 63B	
ShiftTime (circle only one): EM PM Day		ShiftType (circle only one): Regular Overtime Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
Hrs of sleep prior to shooting: 7-8		Duty Time (hrs): 8		Clothing (circle only one): Plain Clothes no Vest Plain Clothes w/ Vest Uniform w/ Vest Raid Jacket no Vest Raid Jacket w/ Vest		Other Factors:			
Age: 602		Height: 135		Weight: 135					
Range Qualification Date:				PPC Qualification Date: 06/01/09		Laser Training Date: None			
Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings: <input type="checkbox"/>	
Weapons Fired Brand: Beretta		Caliber: 9mm		# Shots: 4		Weapons Fired Brand:		Caliber: # Shots	
Field Training Officer Emp #				Last Name		First Name		M.I.	
Field Training Officer Emp #				Last Name		First Name		M.I.	

E	Employee #	Last Name			First Name			M.I.	
Sex:		Race:		Rank		Unit Assignment:		Work Assignment (Unit #, Module, etc.):	
ShiftTime (circle only one): EM PM Day		ShiftType (circle only one): Regular Overtime Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
Hrs of sleep prior to shooting: 8		Duty Time (hrs):		Clothing (circle only one): Plain Clothes no Vest Plain Clothes w/ Vest Uniform w/ Vest Raid Jacket no Vest Raid Jacket w/ Vest		Other Factors:			
Age:		Height:		Weight:					
Range Qualification Date:				PPC Qualification Date:		Laser Training Date:			
Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings: <input type="checkbox"/>	
Weapons Fired Brand:		Caliber:		# Shots:		Weapons Fired Brand:		Caliber: # Shots	
Field Training Officer Emp #				Last Name		First Name		M.I.	
Field Training Officer Emp #				Last Name		First Name		M.I.	

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Employee Witnesses			
Last Name	Quintana	First Name	Edgar
Street Address	LA County Employee # [REDACTED]	Zip Code	Work Ph Home Ph
Last Name	Bigelow	First Name	Daniel
Street Address	LA County Employee # [REDACTED]	Zip Code	Work Ph Home Ph
Last Name	Chen	First Name	Jerry
Street Address	LA County Employee # [REDACTED]	Zip Code	Work Ph Home Ph
Last Name	Bustamante	First Name	Felix
Street Address	LA County Employee # [REDACTED]	Zip Code	Work Ph Home Ph
Last Name		First Name	
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	
Street Address		Zip Code	Work Ph Home Ph

SUPPLEMENTAL NON-EMPLOYEE WITNESSES

Los Angeles County Sheriff's Department

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Non-Employee Witnesses			
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph

Officer Involved Shooting Suspect Information

URN: 010-11288-0610-455

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Suspect Information

S 1	Last Name: Noriega		First Name: Ralph		M.I.
	AKA Last Name		First Name		M.I.
Sex: M Race: H		Street Address:		City:	State & Zip Code:
Work Phone:		Home Phone:	Social Security #:	Driver's License #:	
Age: 41 D.O.B. 09/15/69		Height: 509	Weight: 200	FBI #	CII #
Booking #		Primary Charge: 422PC		Secondary Charge:	
Coroner Case? <input type="checkbox"/>		Coroner Case #	Intoxication/Drug Usage? <input checked="" type="checkbox"/>	Substance Used: Amphetamine/Opiates	
Armed? <input type="checkbox"/>		Apprehended? <input checked="" type="checkbox"/>	Mental Illness? <input checked="" type="checkbox"/>	Criminal History? <input type="checkbox"/>	
Vehicle Make: Honda Warrior		Model: Motorcycle		Year: 2008	

S	Last Name		First Name		M.I.
	AKA Last Name		First Name		M.I.
Sex: Race:		Street Address:		City:	State & Zip Code:
Work Phone:		Home Phone:	Social Security #:	Driver's License #:	
Age: D.O.B.		Height:	Weight:	FBI #	CII #
Booking #		Primary Charge:		Secondary Charge:	
Coroner Case? <input type="checkbox"/>		Coroner Case #	Intoxication/Drug Usage? <input type="checkbox"/>	Substance Used:	
Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>	Mental Illness? <input type="checkbox"/>	Criminal History? <input type="checkbox"/>	
Vehicle Make		Model:		Year:	

S	Last Name		First Name		M.I.
	AKA Last Name		First Name		M.I.
Sex: Race:		Street Address:		City:	State & Zip Code:
Work Phone:		Home Phone:	Social Security #:	Driver's License #:	
Age: D.O.B.		Height:	Weight:	FBI #	CII #
Booking #		Primary Charge:		Secondary Charge:	
Coroner Case? <input type="checkbox"/>		Coroner Case #	Intoxication/Drug Usage? <input type="checkbox"/>	Substance Used:	
Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>	Mental Illness? <input type="checkbox"/>	Criminal History? <input type="checkbox"/>	
Vehicle Make		Model:		Year:	

S	Last Name		First Name		M.I.
	AKA Last Name		First Name		M.I.
Sex: Race:		Street Address:		City:	State & Zip Code:
Work Phone:		Home Phone:	Social Security #:	Driver's License #:	
Age: D.O.B.		Height:	Weight:	FBI #	CII #
Booking #		Primary Charge:		Secondary Charge:	
Coroner Case? <input type="checkbox"/>		Coroner Case #	Intoxication/Drug Usage? <input type="checkbox"/>	Substance Used:	
Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>	Mental Illness? <input type="checkbox"/>	Criminal History? <input type="checkbox"/>	
Vehicle Make		Model:		Year:	